MAXIMUS Federal Services

Case Number:	CM14-0112576		
Date Assigned:	09/16/2014	Date of Injury:	02/21/2013
Decision Date:	06/29/2015	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55-year-old male with an industrial injury dated 02/21/2013. The mechanism of injury is documented as being hit with a 3000 pound metal shipping container (when a stunt went wrong) knocking him to the ground. The injured worker was knocked unconscious. He states upon regaining consciousness he was experiencing pain in his head, left eye, neck, both shoulders, low back, left leg, liver and right lung. He states he had sixteen fractured ribs, fractured right clavicle and fractured pelvis, fractured right scapula, punctured right lung and lacerated liver. He remained hospitalized for 28 days. His diagnoses included right scapular fracture, right chest chronic effusion, multiple rib fractures, pelvic fractures with subsequent lower extremity numbness, cervical strain - rule out disc herniation, bilateral upper extremity numbness and facial trauma. Prior treatment included pain management specialist, physical therapy, medication and gastroenterology referral (received medication for an ulcer). Diagnostic tests included MRI scans of cervical, thoracic and lumbar spine. He states he was told he had a thoracic 7-compression fracture along with disc herniation in the cervical and lumbar spine. The reports are not in the submitted records. In July 2013, he was released to return to work and continued to work until the television season ended. He was then placed off work on disability at that time. Physical exam of the cervical spine revealed decreased range of motion with positive cervical compression test and positive Spurling's test. Tenderness was also noted in the lumbar paraspinal muscles with decreased range of motion. The provider documented the injured worker will continue weaning himself off medications. The provider was recommending that he be provided with topical Kera Tek gel to minimize his need for oral medications. The request is for Kera-Tek gel 4 ounces.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Kera-Tek Gel 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Kera-Tek Gel 4 ounces are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Keratec contains methyl salicylate and menthol. Methyl salicylate is significantly better than placebo in acute and chronic pain, but especially acute pain. Topical salicylate was significantly better than placebo but larger more valid studies without significant effect. The only topical anesthetic FDA approved for topical use is diclofenac gel. In this case, the injured workers working diagnoses are right scapula fracture; right chest chronic effusion; multiple refractors; pelvic fractures; cervical strain; bilateral upper extremity numbness; and facial trauma. The date of injury is February 21, 2013. The request for authorization is July 1, 2014 with a contemporaneous progress note dated June 12, 2014. The injured worker continues to have multiple complaints including the bilateral shoulders, C-spine, thoracic spine, lumbar spine with a history of multiple lung surgeries and a hospitalization lasting 28 days. The documentation indicates Keratec gel is indicated to help wean the injured worker off medications. The documentation does not state what medications are being weaned. There is no documentation of failed initial treatment with antidepressants and anticonvulsants. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. Consequently, absent clinical documentation with failed first-line treatment with antidepressants anticonvulsants and guideline recommendations, Kera-Tek Gel 4 ounces is not medically necessary.